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# Podcasts Episode 05: Dr. Laura Bozeman

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Dr. Amy Parker: Laura, are you there?

Dr. Laura Bozeman: I'm here.

Dr. Parker: Great well welcome everyone, welcome to today's class podcast. Today our guest is Dr. Laura Bozeman. Laura is the director of the Vision Studies program at the University of Massachusetts in Boston and Dr. Laura Bozeman is not only a certified orientation and mobility specialist, she happens to also be a certified low vision therapist and has worked as a teacher for the visually impaired for many years. Laura has published book chapters, some of which we will be using in this and other classes. Laura is a leader in our field and she's also worked internationally. So she's going to tell us a little bit about her journey today. We just want to welcome and thank her for taking some time for our class. Welcome Laura.

Dr. Bozeman: Thanks so much, I appreciate this.

Dr. Parker: Great, well we do to and Laura could you tell us a little bit about how you got interested in the unique and dynamic field or orientation and mobility? How did you stumble upon this and get going in it?

Dr. Bozeman: Sure. Most people have a really nifty story about how they got involved. I don't but I was in school in Texas working on my undergraduate degree and didn't know what I wanted to do. I happened to be taking courses in a special education program but again no declared major or anything. Most of you know me, this was a long time ago, it was in the seventies and I saw what turned out to be Bob Leduc who is deceased now unfortunately and ... was working with students who were working under blindfold. One was under blindfold and one was as I would find out later, teaching and they were doing what we now call the Blindfold Course or the Practice Course or Cane Class. It depends on what university you've gone to, to what they call it, but it interest me, I didn't know what it was and actually wondered if it was a sorority, fraternity prank of some sort. I really did and I checked into it and I found that they were trialing an orientation and mobility program and they only take in six students and I was sophomore, I was just beginning my sophomore year in undergraduate.

I checked into it and they had a slot, they normally only took juniors but they had one slot open. So I was so excited because I thought, this is what I want to do. I don't particularly want to teach the same 30 children every day. I love kids but it just was kind of eh, and this was great because for the most part I could work one-on-one, I could be outside if that were appropriate to the age of the student or client I was teaching across a lifespan, I mean it was magic for me. I was already to start and again remember what time this was, a gentleman came back from Vietnam and he was a junior and he bumped me out so I had to wait another year and then I started within the program, it was a two year program. I was in the program specifically for O&M my junior and senior year.

So, nothing electric but it made all the difference in my world because it's still my favorite thing. I was licensed as you mentioned, I was licensed as a teacher students with vision impairment and unfortunately the licensed lapsed when we moved out of the country and went to New Zealand but still my heart has always been with orientation mobility, so that's how I got started.

Dr. Parker: That's a great story and you know the timing of the opportunity for you and I loved what you said about getting to work one-on-one and there is a big difference between teaching kids in a classroom certainly and then teaching O&M. When you write Laura I love reading about your passion for orientation and mobility for everyone. Would you mind talking a little bit about some of your experiences with children but also with older adults?

Dr. Bozeman: Sure. My first job out of my practicum, again I'm from Texas and so my first job out of my practicum was at a place in Dallas, Dallas Services for Visually Impaired Children. So I was so fortunate there to get to work with babies, literally babies, who had been identified and were in there because that really taught me more about sensory integration. Just the little things that I really think we know that you can't expect a child to cross midline until their body is actually able to cross midline. You know until those things are integrated just physical abilities and it also taught me about movement being the key to learning. I'd always heard that but just getting these little itty bittys interested in moving and then of course starting to deal with well-meaning parents who don't want their kids to get hurt and don't want them to move sometimes and you know we all run into these issues that if you have a typically developing three year old, who doesn't have vision problems, doesn't have a disability, they get hurt, they run around and they get hurt.

The fall, they bump into walls, they just do and we hate that but we don't keep them from moving so that that doesn't happen, so trying to make that parallel. So I learned a lot working with the team when I was there. I worked of course with RTs and PTs and they taught me a whole lot and then what so wonderful about O&M is you have the whole lifespan. If you get sort of not as excited about one particular age you can always move. I had to move, I loved my job at Dallas Services but I did have to move just because our family moved out of the state. So my husband could take a job somewhere else so things changed but I managed to work with school-age kids at one time. I worked with people my age with older adults, at a lighthouse for a good long time. I actually didn't think that I would enjoy that as much as I did, I really enjoyed working with that population.

Then I worked with adults who had severe and profound cognitive problems and then along with that they may be medically fragile and they may have hearing or vision or orthopedic issues as well. I worked 16 years with folks who really, sort of were in between going into a group home and being in more of a residential facility with more care, so folks who were severely involved. That ended up being my favorite population of people to work with. Taught me a whole, whole lot about I guess it's task analysis but you know things that if you

don't have cognitive problems, you learned and integrated before you were six months old. So you don't remember learning it if that makes any sense and here we are teaching grown adults things like that, that just kind of come along with people who don't have that severe of an issue.

The folks I worked with, 90% of them did not have the cognitive ability to speak and have language. They communicated but they didn't communicate verbally other than just noises and it was all because of the cognition. So, it taught me a lot about teaching and about breaking things down to the smallest components where you could actually see progress. That's probably where I learned the most about teaching orientation and mobility to people who were in wheelchairs and who couldn't bare weight, couldn't transfer.

Who certainly were mobile but didn't, there was a cognition issues. So that was the best learning experience of my entire life, really in my profession was working with that group of folks. Then I also worked with adults like most of you students who go to work, have a life, have fun things that you do, your leisure. I did quite a few years doing orientation mobility for people going to work, going to church, going to baseball games, those kinds of daily things that most of us are familiar with. So that's what's wonderful about orientation mobility is you can work with all these different people and different aspects of our lives.

Dr. Parker: Absolutely and you've highlighted one of the population that I'm most passionate about and interested in and people with multiple disabilities and cognitive disabilities and what they can teach us about resiliency, about learning about the human spirit and about being motivated to have the same things that we all have in life. Opportunities to go to church, opportunities to go to work, to participate, it's really beautiful.

What would you say Laura in talking about these things we know that sometimes on the service continuum where people having access to orientation and mobility is a challenge and in some places there's a challenge with justifying orientation and mobility. I've loved what you've written and what you've contributed as far as orientation and mobility is for everyone and everyone can benefit from it because it touches all of those areas of life and of living and of participation. How would you say that in these diverse places where you've worked both nationally and internationally, how have you justified the need for orientation and mobility?

Dr. Bozeman: It's such a good question and a lot of times it's very frustrating because sometimes I don't win that battle but, if I take a step back I was just talking with a graduate of our program in orientation mobility. We were working on a module for some content that they want to put in, in one of the courses and we were speaking about someone with multiple disabilities and also someone who just uses a wheelchair but is visually impaired and how sometimes we have people go into their student teaching and they may even the TVI who is working wherever in the school system or in this agency, would say, "This person is not

appropriate for O&M, because they use a wheelchair or because they have such cognitive issues." or something like that.

I don't know that, probably before I started doing all of the work with people who are really very, very involved, I probably would have gone, "Uh, I'm not sure what I need to do. This person's in a wheelchair all the time. They're pushed everywhere they go. There's cognition problems here." Those kinds of things but then I found out that just being able to make a choice, just being a partial participant if that's what you want to call it. It's an old term quite frankly, partial participation but just being able to have some control over your life and what happens to you, is so important.

At this facility where I used to work and again it was a residential facility and the common denominator there was that you were an adult with severe and profound cognitive problems. I worked there for a long, long time and one of the guys on my caseload had a lot of remaining vision. He's the youngest person at this facility, he was 21 when I started working there. Typical kid age nine, in a horrible car accident that killed his mother and he's totally a person inside a body that doesn't work. No control over his arms, legs. He does breath on his own but really he shouldn't have been there. He shouldn't have been there because probably the only thing that was going for him was a fair amount of cognition, you know what I mean. He was not as cognitively disabled as some of the other folks who lived there but again he couldn't speak, couldn't anything but he was so interesting because one of my jobs besides the vision thing there.

I'm not sure how this happened but I was in charge of a client abuse committee. I chaired any time anybody, yelled at someone or something like that or broke any of those types of respectful rules then there was a hearing and it if were bad enough then the police were called in and the person was put in jail. He made a plea through his communication board to speak to me about something that didn't have anything to do with vision. His speech language pathologist wanted to talk with me and what he communicated is he wanted them to cut his hair in a mohawk ... that's what he wanted because it's a facility and they typically just kind of did men haircuts or buzz cuts whatever. You didn't have much of a choice but it was traditional cuts. He asked for that and so you know and of course we met and thought that that was wonderful. It was also a breakthrough for him because he used his communication board through eye gaze.

Dr. Parker: Oh wow.

Dr. Bozeman: Yeah so it was weeks before the speech language pathologist knew what he wanted because it was rather different than I want to eat or someone feed me or I'd rather go out there than in here. It was very different and sort of deep and abstract conversation. Once we had that breakthrough, you know he at times didn't want to wear his glasses and of course he can't put them on and take them off. We got that from him and so his communication board got expanded so that he could say, "I don't want my glasses, take them off." or "They hurt

me." So his world broadened a bit just because he needed to make some choices. Now people would say, "How does that have anything to do with orientation mobility?" But in a way it does because it would communicate where he went, it would communicate where they left his wheelchair as far as glare and things like that because he couldn't handle the glare but they didn't know. You know so that's a real out there kind of example but certainly other examples or someone with vision problems who's older and is in assisted living and things like that.

You know you may be working on really short routes from their bed to the bathroom that's in their room, those kinds of things or the way things are, the way the space is organized for that person to be able to do just that much more on their own. So getting to the dining room, things like that. I just think you just can't say, "No, this person wouldn't qualify or need or benefit from O&M ."because when you're working with little bitty toddlers you're just playing. I mean it looks like playing. Many people would say, "You're not doing a job because you're just playing but maybe you're just on the ground trying to get them to have some inkling of an initiative to move so it could go either way. When IDEA wrote, I mean this doesn't help us for people over the age of 21 or who've graduated high school but when IDEA put O&M as a related service, in that legislation, that helped us immensely.

Every O&M specialist needs to find that and it's terrible because I can't remember now what the code, the actual location of the code is but find it in the legislation, do a search, find it and have it for when you go to those IEP meetings or IFSP meetings because every kid with vision impairment is entitled to that. Entitled at least to an assessment.

Dr. Parker: Right. Thank you so much for that. That's something that we can do as a class, as students is to look up that. I know in 1997 when it was put into that iteration of IDEA it was determined that step forward for the profession but more importantly for the students being served. Laura you've highlighted the nexus, these intersections between orientation and mobility and self-determination. Certainly in communication and quality of life and all of these areas of not just the expanded core curriculum but I think of being a human being and having dignity and having a voice in one's own existence. These are really wonderful things, which you've shared. I know that you've traveled extensively. You've worked not only in the United States but in Australia, in China and New Zealand. Can you reflect a little bit about some of your experiences with an international perspective on orientation and mobility and how it's received in different places?

Dr. Bozeman: Sure and it is different. I think most of us all are aware I mean I'm preaching to choir here, that cultures are different in the way they view people who have disabilities is different as well. We had a wonderful opportunity, we being the program at EMF, had a wonderful opportunity to be part of an OCEP grant that written by a USAID in Guam because Guam is a territory. So it's part of the US so they can receive federal monies. They are a part of the APH, quota funds,

everything can go to Guam. They wrote a grant through OCEP that was funded because they had tons of kids in these Pacific islands, not just on Guam, who are visually impaired and there was at the time, there was only person who was trained to be a TVI or anything, anything in the vision profession, a TVI in American Samoa. If you look up where American Samoa is in relation to Guam and where the federated states of Micronesia is in relation to all of these different islands, they're closer together than we are to them but they're really far apart.

This particular grant covered the Northern Mariana Islands. The grant's over but we still have a footprint there and we've just accepted a student from the island of Yap and I only bring it up because I like to say Yap, it's just really cute. The point was is they had thousands of children, believe it or not with microphthalmia and anophthalmia. It's not common here on the mainland, it is extremely common there and the other thing is chromatopsia. I would be down there and I would see four kids in a school with no eyes, it's just unusual, you know unusual the prevalence there. So anyway we took in 24 and then it ended up being 20 graduate students who were taking courses in TBI and then O&M, they were doing both and we tried to get a handle on what are the cultures like. Well Guam is very, very different than Chuuk Island in Micronesia and that island is very different from Pohnpei, which is also in Micronesia and you know it was just a myriad of cultures.

Everybody has English as their second language, some speak better English than others. We had a lot of the contents online but we had office hours and we had to do it here in New England across five different time zones and our offices hours ended up being from 11:00 to midnight and midnight to 1:00 AM on Friday nights and Saturday mornings here. So that we didn't interfere with their work, most of them were teachers, or make them have to get up at 3:00 to [crosstalk 00:26:18].

Dr. Parker: To have a conversation.

Dr. Bozeman: Yeah. So things like that, things like, when the people who wrote the grant decided that they wanted all O&M instruction for these people to be able to sit the exam through ACVREP and actually be certified as O&M specialists. We all thought, sure no problem. Well then when it got down to actually applying to the various different islands, the information, we went there. To do these street crossings and how do you position yourself on stairs and things like that. We'd go there and many of the islands have no stop signs, they have no lights. They may have what's called a family bus, which is just you know my family gets out and has a van and I just go around and give people rides for a dollar a ride but there is no public transportation per se, that most of us might think.

So that was hard because it was really, really hard to teach them in things that they in ways did not have a concept, you know and these are very bright people. You know they're in graduate school so things like that but it ended up, we learned a lot and hopefully they were patient enough that they stayed with us

and we graduated 19 people with TVI certification that they did get on their various islands, that they came up with as standards. Then some of them did take the O&M certification exam the majority did not. Part of that's because of language and part of it's because of what I said is it just didn't apply but the TVIs, the TVI is the vision person and in all those islands that vision person is the one who also does O&M. So it's like that and we found that same in Puerto Rico where we have a collaboration in Puerto Rico, which is also part of the US. They have licensed TVIs at an undergrad level, that have reciprocity on the mainland but those people also teach O&M and they until recently, until we've kind of been working with University of Puerto Rico, did not have any O&M instructions.

So it just kind of differs. We've done some things in O&M and also in low vision in Taiwan and we try to look at it as we want to hear the needs of whomever and try to see if we can help them develop their own program, that's what we're trying to in Puerto Rico. We want them to have their own O&M program. So it's different is what I'm trying to say, it's very different what we do. We keep thinking, oh this works really well in Micronesia so let's do that in Puerto Rico and then we were like, "No we need to listen. What is it that they want?"

So it's been working out well. We're finishing up in low vision. We don't have a formal low-vision certificate, I have it ready to go through governance but it has not yet. So the folks from Taiwan and from China have been taking courses and they can actually pass the CLVT, thing through ACVREP. We've had five so far pass the test, but we're finding that whenever there's a language issue we're trying to put people in the courses who some people would call them culture brokers where they know Mandarin and they know English and they know vision so we pay them to be in the courses with these folks to try to make sure that, you know, that they're getting the content because they're going to be teaching in Mandarin, they're not going to be teaching in English. So we're trying really hard to work with our Provost about the TOEFL. If you don't have a degree from an English speaking university you have to pass the TOEFL language and for some people it's been really, really difficult, they are unable to pass it.

So right and my dog's going to bark. Right now we are trying really hard to find a compromise between our mission to be a support and help. We've been contacted by some folks in Africa, nothing has come about that partnership yet but they just have a need for people to know O&M.

Dr. Parker: Absolutely. I have a little bit of experience not a lot, just a tiny bit of experience in Sierra Leone and imagining the streets there and imagining how blind people and deaf-blind people travel in Sierra Leone. I can imagine all of these scenarios that you were describing where it's based on the environment, it's based on the need, it's based on what are the tasks and what do people do so, that's tremendous work. Environmental assessment you know the person in the environment. Do you see some opportunities just going down that path a little bit further for AER and for our profession to think about international

orientation and mobility and relevance and what are those things that hold true in terms of standards for the profession?

Dr. Bozeman: I do see that, I see quite an opportunity. I think AER has at least listened to I guess it's our ever shrinking world if nothing else with technology and the ability to connect with people at great distances because we now have a new division. The International and Global Services, I probably butchered that and I'm a member of the division but we have a new division, we have a few new divisions. The Nerological Vision Impairment but also this international division. There is a committee and we haven't been terribly active and it probably falls on me as the chair of the Orientation Mobility Division that's an internationally committee and I'm proposing, been talking with Justin Kaiser, I'm proposing that we stop that committee because we now have a division devoted to international vision issues, that could be O&M, VRT whatever.

So I do see that, the options are certainly there. Quite often we hear at the university we hear of positions in Europe, we hear of like I said in Africa they just want somebody to come over there and spend a year. New Zealand before they had their program and now that they don't have their program at Massey University in New Zealand, they always took O&M specialists from the UK and from the US who wanted to spend at least a year there working. Of course that's a, more of a Western society, I mean it's not a third-world issue or anything in New Zealand but still there are differences with O&M because they drive on the other side of the road and you know that's a little thing but as a teacher if you're used to teaching and watching and doing things like that with cars that drive on the right-hand side of the road then it's very, very different, roundabouts and everything, everything's different, everything is opposite.

So still it's a wonderful opportunity to be able to go to another area and teach and spend time there because you know the impact on the traffic engineers I mean there's been a ton of impact in Taiwan and especially in Taipei their capital with the traffic engineers. You know they were starting to put the truncated domes everywhere I mean everywhere. It's like putting some sort of a label on every chair in the classroom when you have one kid who has a vision impairment because they didn't know how, they just didn't know how to use it. So meeting with those, probably met with them I don't know six or seven times over ten years but meeting with different officials that way, so that they can start to understand why we need to be careful where we put things.

Putting one little tile of a truncated dome at an intersection doesn't do it because what if your person misses it, I mean it happens all the time so, just get them to think like that. So you have a ton of opportunity if you get the chance to be somewhere else. Quite frankly you have that same thing here in the US but I think it also makes sense to make the O&M instruction what they need. If you're in a very, very rural country, I don't want to say third-world but if you're in a very different country like the islands in Micronesia, they're very, very different. Your O&M is probably going to be that you climbed up a muddy hill, I mean it's steep, muddy hill, just to get up to orient a kid to a plywood two-room home,

you know. They're perfectly happy and fine and there's no problem but your O&M is different.

As far as standards and the code of ethics, I think most of those, especially the code of ethics, still applies in general and I really think our standards, granted they are slanted to the Western world but I still think we need to have some standards so that there's I don't know a generalized ability at least across instruction but just getting people there is more important.

Dr. Parker: Right, well I certainly think Laura, in this conversation you've highlighted commitments to the learner, to the community, to the profession and these opportunities to have influence. I think that's always been emphasized in the foundation's books and realizing that orientation and mobility is also about working with people in the community. Like you're talking about the traffic engineers and people who make policy, people who makes maps. People who have influence in the way something's going to be designed and certainly in conversation with the communities about what's relevant for travel and for life and for people. Those are great, great ways to think about what the students who are listening today, will have the opportunities to do where they live and work.

Be that Alaska, be that Hawaii, rural and remote places in Montana, very different from urban places in California where one of our students is living and working now. So any other closing words or closing thoughts for this group of students, advice that you would give them as they study and as they think about this profession of orientation mobility?

Dr. Bozeman: Well I first want to say thank you so much, thank you for choosing this as a profession, it's very different. I'm sure you already know that, it is so different. Please market yourself and let people know because most people don't go into the profession because they have no clue it exists. I guess as far as, when you're actually teaching, always I mean I know you already have probably been told this and you know this but always just take a moment to look at the student or the adult who you've just been assigned or you are going to actually teach. Really just take a moment rather than thinking, eh this person doesn't need O&M or whatever. I mean I know an assessment is supposed to take in the whole person and it takes time to take in the whole person. So you're probably going to have caseloads that are huge and we hate that actually, we hate that you have big caseloads but if you can at all try to still be able to take just a moment to figure out how you can help that person, progress or help themselves.

I feel like we always, unless we're working with people with significant additional disabilities, we are always trying to work ourselves out of a job. You can always come back if something happens and the vision suddenly deteriorates a great, great deal, you can always come back and give that person the services that they need at that time. So that's all I would say other thanks so much for choosing this profession.

Dr. Parker: Dr. Laura Bozeman thank you again for being with us today and for all that you've done both nationally and internationally for our profession and to continue to teach people and lure them into this wonderful world of orientation mobility. Thank you.

Dr. Bozeman: Well thank you Dr. Parker I appreciate it.

Dr. Parker: Alright take care, we'll talk later. Bye-bye.

Dr. Bozeman: Okay. Bye-bye.